

# REQUEST FOR USE OF BUILDING FACILITIES

*This form should be filled out and turned in at least 30 days prior to the date needed.*

This request is for (check one)  Church use  Personal Use  Non-Profit Organization Use

Name of Person/Organization \_\_\_\_\_

Contact Information: Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Describe Event (Who, What, Why) \_\_\_\_\_

Date(s) and Time(s) Desired: *If using the facility for more than 1 day, please list individually (please remember set-up/clean-up times)*

Date: \_\_\_\_\_ Time: From \_\_\_\_\_ To: \_\_\_\_\_ Activity: \_\_\_\_\_

Date: \_\_\_\_\_ Time: From \_\_\_\_\_ To: \_\_\_\_\_ Activity: \_\_\_\_\_

Date: \_\_\_\_\_ Time: From \_\_\_\_\_ To: \_\_\_\_\_ Activity: \_\_\_\_\_

*Example: Your event is from 2:00 – 4:00 P.M but you need to set-up and clean-up, you would like the facility before and afterwards– 12:00 – 5:00 P.M.*

Room(s) Requested (check all that apply)

Ministry Center  Gathering Area  Kitchen  Sanctuary  Wesley Room  Wedding  Class Room  
 Chapel  Youth Area  Other \_\_\_\_\_

Tables (check all that apply)

Estimated Number of People Attending \_\_\_\_\_

food table(s) \_\_\_\_\_  gift table  beverage table  head table (seating \_\_\_\_\_)

*Table set-up for your event will be based on the number of people attending. We have round tables that seat 9 comfortable and will use a mix of round and rectangular tables if necessary*

Equipment Needed

Projector\*  Sound System\*  Microphones\*  Candelabras  Candelabra Candles\*  Kneeling Bench  Podium  
 Other: \_\_\_\_\_

*\*extra fee(s) will apply for use of these items*

(Please use the back for any additional information that will assist in concerning the nature of this request)

**AVAILABILITY IS GIVEN ON A FIRST COME BASIS.** HOWEVER, CHURCH ACTIVITIES AND CHURCH MEMBERS WILL HAVE PRIORITY IN USE OF THE CHURCH FACILITIES.

In making this request for use of the facilities of the First United Methodist Church of Union City, PA, we understand that the following rules govern the use of the building and its equipment:

1. We will restrict our activities only to the room(s) requested.
2. We will be responsible for seeing that the room(s) are left in the condition in which we found them.
3. We understand that there will be no smoking and/or alcoholic beverages any place in the building, including the restrooms.
4. We understand all other rules and guidelines for use of the facilities requested as outlined in the Building Use Policy.
5. We understand the fees charged are based on the information given above for building use. (Fees listed on the back)
6. We understand the church's Safe Sanctuaries policy and will abide by this policy (copy of policy available from the church)
7. The use of the kitchen facility requires the presence of a church member familiar with the equipment. This person will be:

\_\_\_\_\_ Contact Number \_\_\_\_\_

8. The use of the sound system/projector/microphones requires the presence of a church member familiar with the equipment. This person will be:

\_\_\_\_\_ Contact Number \_\_\_\_\_

9. Church member responsible for unlocking and locking building: \_\_\_\_\_ Contact Number \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_(Signature of person making request and responsible/Date)

**Summary of Fees** (Non-member fees shall be charged when neither party or their parents are church members.)

- a. Sanctuary (non-member) \$100.00
  - i. Custodian (member/non-member) \$25.00; over 100 people \$50
- b. Chapel (non-member) \$25.00
  - i. Custodian (member/non-member) \$15.00
- c. Ministry Center (non-member) \$75.00/ over 50 people \$150.00
  - i. Custodian for Ministry Center \$25.00 up to 100; Over 100 people \$50
- d. Gathering Area \$25.00
  - i. Custodian (member/non-member) \$15.00; over 100 people \$25
- e. Kitchen \$25.00 / over 50 people \$50
  - i. Custodian (member/non-member) \$15.00; over 50 people \$25
- f. Sound System \$20 for up to 2 hour; over 2 hours \$10 per hour
- g. Candelabras \$15.00

**CHURCH USE ONLY**

Permission is  granted  denied by action of \_\_\_\_\_ (Date)

Signature of person granting permission \_\_\_\_\_ / \_\_\_\_\_ (Date)

Fees:

Description	Fee
<b>TOTAL</b>	

**FOR OFFICE USE ONLY**

Paid \_\_\_\_\_

Date \_\_\_\_\_

Check or Cash # \_\_\_\_\_

Route to:  Secretary  Pastor  Custodian  Sound Technician  Kitchen Committee

Additional Information for consideration: